

A

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/1028641

APPLICANT(S)

FILED DATE

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		3			
TOTAL DEP.	18		22			
TOTAL CLAIMS	19		25			

BEST AVAILABLE COPY